

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Number of CD Disks:: 0

Number of Copies of CDs:: 0

Sequence Submission?:: No

Computer Readable Form (CRF)?:: No

Number of Copies of CRF:: 0

Title:: Aqueous Solutions for Reducing the
Rate of Oxygen Loss, and Methods
Thereof

Attorney Docket Number:: INL-059

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 2

Small Entity?:: No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Korea

Status:: Full Capacity

Given Name:: Jungwon

Middle Name::

Family Name:: Shin

Name Suffix::
City of Residence:: Andover
State or Province of Residence:: MA
Country of Residence:: U.S.A.
Street of Mailing Address:: 37 Maple Avenue, #8
City of Mailing Address:: Andover
State or Province of Mailing Address:: MA
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 01810

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Sohrab
Middle Name::
Family Name:: Mansouri
Name Suffix::
City of Residence:: Sudbury
State or Province of Residence:: MA
Country of Residence:: Sudbury
Street of Mailing Address:: 34 Anselm Way
City of Mailing Address:: Sudbury
State or Province of Mailing Address:: MA
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 01776

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Dennis
Middle Name::
Family Name:: Conlon
Name Suffix::

City of Residence:: Shirley
State or Province of Residence:: MA
Country of Residence:: U.S.A.
Street of Mailing Address:: 6 Amanda Lane
City of Mailing Address:: Shirley
State or Province of Mailing Address:: MA
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 01464

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provision of	60/398,661	07/26/2002

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

Assignee Information

Assignee Name:: Instrumentation Laboratory Company
City of Mailing Address:: Lexington
State or Province of Mailing Address:: MA
Country of Mailing Address:: U.S.A.